

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 09-926517
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1				
3	2		1			
4						
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14	1		1			
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TOTAL IND.			2			
TOTAL DEP.			17			
TOTAL CLAIMS			19			

	IND	DEP	IND	DEP	IND	DEP
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